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FEB 21 2006

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29858 7590 12/20/2005

**BROWN, RAYSMAN, MILLSTEIN, FELDER & STEINER
LLP
900 THIRD AVENUE
NEW YORK, NY 10022**

02/22/2006 RHEBRAH1 00000054 09610738

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Tabitha Crosier	(Depositor's name)
<i>Tabitha Crosier</i>	(Signature)
February 15, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/610,738	07/06/2000	John Crescenti	99CV02	5018
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TITLE OF INVENTION: MODULAR BACKUP AND RETRIEVAL SYSTEM USED IN CONJUNCTION WITH A STORAGE AREA NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	03/20/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
RIMELL, SAMUEL G	2164	707-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brown Raysman Millstein
2 Felder & Steiner
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CommVault Systems, Inc.

Oceanport, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee

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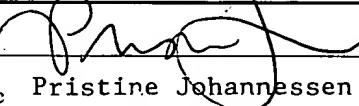
The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4270 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: 

Date February 15, 2006

Typed or printed name Pristine Johannessen

Registration No. 55,302

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